Wisconsin Department of Safety and Professional Services

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

WALL CERTIFICATE WITH WALLET CARD OR GOVERNOR-SIGNED WALL CERTIFICATE REQUEST FORM

	(Ple		iness days for processing.		
CUSTOMER INFORMATION	_				
Name of Credential/License Hold	ier:				
Credential/License Number(s):					
Profession(s):					
PAYMENT INFORMATION			Wall Certificate with	<u>Wallet</u>	Governor Signed Certificate
Mark the appropriate box(es) t	o indicate type of certifi	icate:	Core, man or fine to the December to the reason to the control of	F.FL.	THE DEATE OF WISCONSING PARK OF MARKET WISCONSING TOWN
☐ Wall Certificate with Wallet Card (\$10.00 per certificate)			Section 1 of 10 of		TAME OF THE PROPERTY OF THE PR
Governor Signed Wall Certificate (\$10.00 per certificate)			(a)		4 <u></u>
☐ Indicate Specialty to be Printe Note: Not all specialties are certificates may be printed i computer. Required Information for Proc	ed (if any) available for printing. in the same format from	These n your personal	and a daytime phone nu	ımber.	
Address to send certificate(s): (street, city, state and zip)					
Daytime Phone Number: Email Address:					
Please Note: For all credit and statement. This fee is non-refu		ns, a 2% convenience	ce fee will be assessed a	and will appear	as a separate charge on your
Total Amount to Charge: \$					
Cardholder's Address:					
Church		City		Ct-t-	7:- C- I-
Street Credit Card Number:		City	Expiration Da	State te:	Zip Code
Type (Circle One): Visa MC	Disc AmEx				
I understand by signing below, I auth to charge my credit card for the above	doon doood dood security code wisconsin	Department of Safety a	rom ard:	1	For Receipting Purposes
Cardholder's Signature:					
DSPS uses RightFax to ensure sa	je and secure transmissio	on of your payment in	formation.		

#3082 (Rev.11/15)